

FILED SEP 9 1947

Registration District No. **137**

Primary Registration District No. **4214**

Registrar's No. **197**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Henry**

(b) City or town **Calhoun**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **At Home**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether)

In this community _____
years, months or days **10 ya**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Henry**

(c) City or town **Calhoun**
(If outside city or town limits, write "RURAL")

(d) Street No. **AT HOME**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Walter Massay Boyd**

3. (b) If veteran, name war (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **1** 19**47**
year **19** hour **53** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 2** 19**47**
to **Sept 8** 19**47**
that I last saw her alive on **July 18** 19**47**
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Della Phene Boyd** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **June 23 1947**
(Month) (Day) (Year)

Immediate cause of death **Multiple Sclerosis**

8. AGE: Years Months Days If less than one day
80 2 9 hr. min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **Sturgeon Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Engineer, Coal Mine Opr.**

PHYSICIAN

Major findings: Of operations **87 D**

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name **Walter Armster Boyd**

13. Birthplace **Logan Co. Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucy Canada**

15. Birthplace **Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wife, Phene Boyd**

(b) Address **Calhoun Mo**

17. (a) **Burial** (b) Date thereof **9-3-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calhoun Mo**

18. (a) Signature of funeral director **R. H. Housley**

(b) Address **Calhoun Mo**

19. (a) **9-5-1947** (b) **R. R. Kenney**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury **2**

23. Signature **Scott W. Windsor** (M. D. or other) **DO**

Address **Windsor Mo** Date signed **9-4-47**

RECEIVED
District Health Officer No. 7,
District No. 8
8-27-1954
Date Filed 9-8-54

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

J. R. Halsey, Registered Apprentice No. 3683
working under my personal supervision.

Signed *J. R. Halsey*
Licensed Embalmer No. 3503
P. O. Address Calhoun

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.